
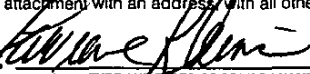


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90188 031 ****61.25

DOCUMENT # N04000006455 1. Entity Name WOLF CREEK MASTER ASSOCIATION, INC.					
Principal Place of Business 5210 BELFORT ROAD SOUTH SUITE 400 JACKSONVILLE, FL 32256				Mailing Address 6320 ST. AUGUSTINE RD # 6 B JACKSONVILLE, FL 32217	
2. Principal Place of Business - No P.O. Box # 11555 CENTRAL PARKWAY		3. Mailing Address 11555 CENTRAL PARKWAY			
Suite, Apt. #, etc. 603		Suite, Apt. #, etc. 603			
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL			
Zip 32224		Country FL		4. FEI Number 65-1242004	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		01222007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent STERLING FIN. & MGMT, INC. 6320 ST. AUGUSTINE RD., STE. 6B JACKSONVILLE, FL 32217				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11555 CENTRAL PARKWAY STE 603 City JACKSONVILLE FL Zip Code 32224	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GENOVESE, BILL 5210 BELFORT ROAD SOUTH SUITE 400 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREW FISHER 3636 SUMMERLIN LANE N JACKSONVILLE FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUDD, SHAWN 5210 BELFORT ROAD SOUTH SUITE 400 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD K TROY WHITTAKER 13364 BEACH BLVD # 819 JACKSONVILLE FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRAFTON, JIM 5210 BELFORT ROAD SOUTH SUITE 400 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAWRENCE KLEINMAN 13364 BEACH BLVD # 934 JACKSONVILLE FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COVELL, RICK 5210 BELFORT RD S. # 400 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PADRAIG MCCOID 13364 BEACH BLVD # 531 JACKSONVILLE FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALEK MACARON 3592 PEBBLE PATH LANE JACKSONVILLE FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE 			4/4/07 904-992-9380		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					